

NEKTAR*

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FACSIMILE TRA	ANSMITTAL SHEET
D: Examiner N. Patel	FROM: Guy V. Tucker
OMPANY: U.S. PTO Group 3743	PHONE NUMBER: (650) 620-5501
FAX NUMBER: 703-872-9303	FAX NUMBER: (650) 631-3125
PHONE NUMBER:	DATE: October 24, 2003
RE: U.S. Serial No. 09/852,408	TOTAL NO. OF PAGES: 13 (INCLUDING COVER)
URGENT FOR REVIEW PLEASE O	COMMENT PLEASE REPLY PLEASE RECYCLE
NOTES/COMMENTS:	RECEIVE CENTRAL FAX CI
	OFFICIAL 20
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FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

	(Col. 1)	(Col. 2)		(C	ol. 3)		OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	PREV	EST NO. TOUSLY D FOR	_	ESENT CTRA		R.A	ATE		ADDIT. FEE		
	36		36	. =	0	x	\$	18.00	=	\$	0.00	
TOTAL			4	=	0	х	\$	86.00	=	\$	0.00	
INDEP.	4		TIDI E DE	re CT.	ATM	+	\$	0.00	=	\$	0.00	
FIRST PR	ESENTATION O	F MUI	JIKE DE	<u> </u>	22214		A	TOTAL DDIT. FEE		\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

Authorization is hereby made to charge the amount of \$110.00 to Deposit Account No. 5. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

An additional extension and/or fee is required, charge Account No. 500348. 6.

An additional fee for claims is required, charge Account No. 500348.

Guy V. Tucker

Nektar Therapeutics

150 Industrial Road

San Carlos, CA